DOCUMENT RESUME

ED 197 226 CG 014 873

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TITLE Psychotherapy Outcome in a Private Practice Setting.
PUB DATE [79]
NOTE 14p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adjustment (to Environment): Coping: Counseling Effectiveness: *Emotional Adjustment: *Improvement: Neurosis: Personality Problems: Pretests Posttests: *Psychotherapy: Quality of Life: *Therapeutic Environment

ABSTRACT

Although almost one-third of licensed psychologists who work in health care settings are employed primarily in private practice, no major study of outcomes in this setting has been undertaken. Outcomes in a private practice were investigated with 33 adult clients who planned to pursue psychotherapy until release by their therapist. The clients were mildly to moderately disturbed with neurotic or personality disorder diagnoses. The Life Adjustment Rating Form and the Target Problem Rating Form were completed prior to therapeutic intervention and after four months of therapy by clients, therapists and independent raters. On target symptoms the improvement rates reported by client, therapist, and rater were 71%, 61%, and 63%, respectively: 17%, 34%, and 23% reported no change: and deterioration rates were 12%, 6%, and 14%. On the general life adjustment areas improvement was reported by 55%, 66%, and 56% of the clients, therapists, and raters, respectively: 35%, 26% and 39% reported no change: and deterioration rates were 19%, 8%, and 14%. These changes were similar to those reported from other therapy populations. Clients who attended infrequently rated posttherapy life adjustment significantly higher than clients who attended frequently: therapists and independent raters did not report differences between these groups. (Author)

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ED197226

PSYCHOTHERAPY OUTCOME IN A PRIVATE PRACTICE SETTING

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CG 014873

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Psychotherapy Outcome in a Private Practice Setting

Major Purpose

During the past three decades psychotherapy outcome has been investigated in many settings. However, private practice settings have been minimally investigated. Although almost one-third of polled APA psychologists who worked in health care settings were primarily employed in private practice no major study of outcome in this setting has been undertaken. Recently, Parloff (1978) has indicated that studies of psychotherapy as it is actually conducted in "multiservice clinics. . . and private practice" are needed to make research findings useful to social policy planners involved in issues such as third party reimbursement. The present study was an evaluation of the outcome of psychotherapy in a large, private psychological clinic. The data reported here are drawn from a larger project.

Subjects

The study was conducted in a private psychological clinic staffed by nine fully licensed and experienced therapists. All described themselves as eclectic in orientation. The two independent clinical raters were Ph.D. licensed clinical psychologists who were not participating as therapists in the study. The clients were 33 persons who were mildly to moderately disturbed persons who were diagnosed mainly neurotic (67%) or personality disorder (29%). Most were between 18-35 years old, all were white, 76% had at least some college, and most had had no previous therapy. The mean I.Q. of the group was 120. The 33 clients reported on here represent the first to finish four months of treatment. Data collection is continuing to increase

sample size and to lengthen the period of follow-up.

Procedure

The data for the study were collected pretherapy and again four months later. During the four months of time, clients received varying amounts of treatments ranging from 2 to 47 sessions and a median of 13.

The outcome measures included most of the instruments recommended by Waskow and Parloff (1975) as a core battery for psychotherapy evaluation. The measures were MMPI, rating scales covering 11 areas of symptoms and life adjustment, target symptoms, and the Social Adjustment Scale, as well as several other measures. The rating scales and target symptoms were filled out by client, rater, and independent clinical rater so that multiple vantage points on change were represented.

The study was designed to result in data that would be comparable to recent psychotherapy outcome studies done in settings such as university clinics (Sloane, Staples, Cristal, and Yorkston, 1975).

Results

Pretherapy description

MMPI. None of the mean T-scores of the clients were above 70 for the pretherapy MMPI.

Life adjustment ratings. Life adjustment ratings were made in 11 areas (work, social life, sexual, marriage, children, self-concept, stress, anxiety, depression, physical problems, and over-all symptom severity by three vantage points (clients, therapists, and raters) for the two week period preceding therapy. The ratings were made on a 6-point scale (1=extremely good, 6=extremely poor). The mean pretherapy ratings of life adjustment made by the three raters are summarized in Figure 2.

Target symptoms. Each client was asked to report 3 target symptoms that he or she would be working on in therapy and to rate the severity of each symptom during the two weeks prior to therapy on a 5-point scale (1=absent, 5=severe). Subsequently both the therapist and the independent clinical evaluator rated the severity of the target symptoms as well. The categories of target symptoms mentioned by clients included the following areas:

Figure 1

Category	Frequency
Anxiety	8
Depression	13
Physical problems; includes use of medications and exhaustion	5
Problems in relationships; includes, marital, non-marital, familial, communication problems, social anxiety	20
Self-image; includes, self-confidence, esteem, acceptance, reliance, insecurity	10
Vocational problems; includes, goals, work organization, problems at work	7
Sexual functioning; includes sexual adequacy, sexual identity, sex role anxiety	4
Dealing with anger	8
Dealing with feelings (other than anger); includes, guilt, dependency, fear of rejection, rigidity, overwhelmed feelings, perfectionism, lack of insight, work-related fear	12
Behavior control; includes, assertiveness, smoking masturbation, pulling eyelashes	6
Other	3
Total Target Problems	96

The pretherapy ratings of severity of these target symptoms by the three vantage points are summarized in Figure 3.

Posttherapy description

The mean ratings of severity of target symptoms and life adjustment 4 months later (after clients had received 1 to 47 therapy sessions) are summarized in Figures 4 and 5.

Mean Change: Comparison of Pre and Post-Mean Ratings

Life adjustment ratings. Dependent t-scores were computed between pre and posttherapy mean scores for each of the "areas of life adjustment" and by each of the vantage points. Of the 33 comparisons, 24 were significant at the .05 level or below. Statistically significant change was reported by all vantage points in self-concept, anxiety, overall symptom severity, social adjustment, depression, and work adjustment. All vantage points agreed that no change occurred over the four months in the relationship with the spouse.

Target problems. T-tests were computed on the pre-post scores for the target problems listed by the clients as the first, second, and third. The amount of change in target problems whether rated by clients, therapists, or raters was significant ($.01 < p < .001$).

Overall Improvement: Pre-Post individual differences

Change was further analyzed by establishing distributions of the percentage of improved, unchanged, and deteriorated clients on the various outcome measures as viewed by the three vantage points.

Life adjustment ratings. A label of "improved" was assigned when the pretherapy rating was one or more points higher than the posttherapy rating. A label of "unchanged" was applied when the scores were the same. The label "deteriorated" was applied when pretherapy scores were one or more points lower than the posttherapy scores.

Improvement in overall symptom severity was seen by 55% of clients,

66% of therapists, and 56% of raters. Unchanged functioning was noted by 35% 26%, and 39% of clients, therapists and raters respectively. Deterioration was seen by 10%, 8%, and 14% of clients, therapists and raters. Depression, anxiety and self-concept were the most improved areas while physical, children, and work were most often unchanged. Sexual and marriage were areas where deterioration most often was observed. These data and the figures for the individual adjustment areas are found in Figures 6, 7, and 8.

Target symptoms. The procedure described above was also used to assign labels to the pre-post scores on an individual's target symptoms. Across all problem areas 71% of clients, 61% of therapists, and 63% of raters noted improvement. Unchanged functioning was noted by 17%, 34%, and 23% of clients, therapists, and raters. Deterioration was found by 12%, 6%, and 14% of clients, therapists, and raters. These data and the figures for individual target symptoms are found in Figures 9, 10, and 11.

Frequency of Attendance

Because of the wide disparity in the amount of treatment clients received, the pre- and posttherapy ratings on target symptoms and life adjustment of frequent attenders (M=8 sessions) and infrequent attenders (M=18 sessions). Results indicated that clients who had attended less sessions rated their life adjustment as superior to clients who attended more sessions ($Z = -2.35$, $p < .01$).

Conclusions

The study examined psychotherapy outcome in a private practice setting. In the investigation it was learned that clients who obtain psychotherapy in a private practice setting were only mildly to moderately disturbed and had many personal resources. At the end of four months private practice clients generally showed significant improvement in target symptoms and life adjustment.

Both the improvement and the deterioration rates were similar to those reported in the literature. This finding is noteworthy since the present study involved "average" rather than "nationally known therapists" (Sloane et al, 1975) and examined therapy as practiced under conditions very close to those under which private therapy naturally occurs.

The vantage points were found to offer unique perspectives on change. Raters often judged the most disturbance in functioning and clients the least. This finding is consistent with the literature.

The study suffers from several problems that were unavoidable within a naturalistic approach. Thus, the overall number of subjects was small and the amount of therapy each received varied. These drawbacks must be balanced with the knowledge to be gained from learning more about psychotherapy as it is actually practiced in this setting.

References

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Sloane, R.B., Staples, F.R., Cristal, A.H., & Yorkston, N.J. Psychotherapy versus behavior therapy. Cambridge, Mass.: Harvard University Press, 1975.

Waskow, I.E. & Parloff, M.B. (Eds.) Psychotherapy change measures. Washington, D.C.: U.S. Government Printing Office, 1975.

Figure 2

Mean Ratings of Pretherapy Life Adjustment

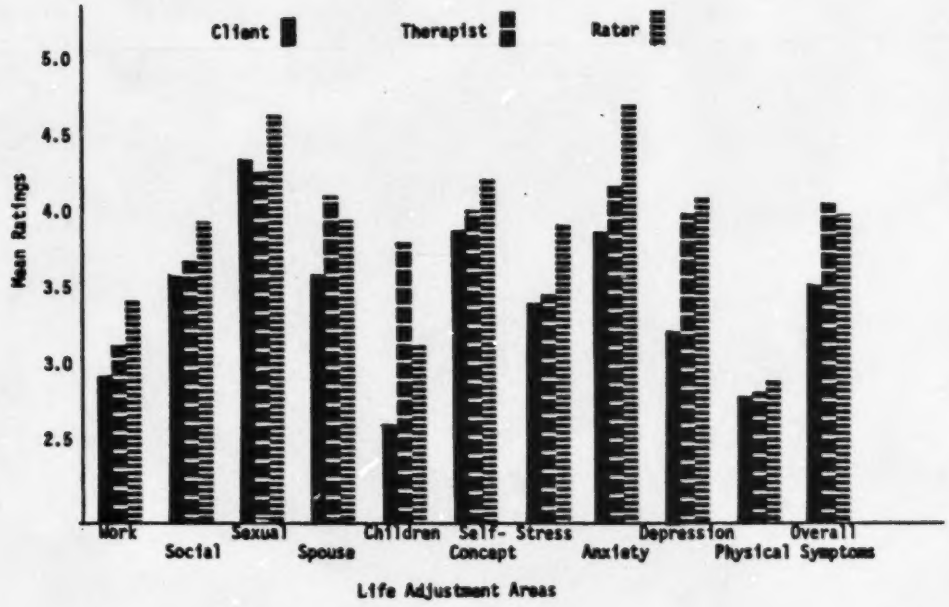

Figure 3

Mean Ratings of Pretherapy Target Symptoms

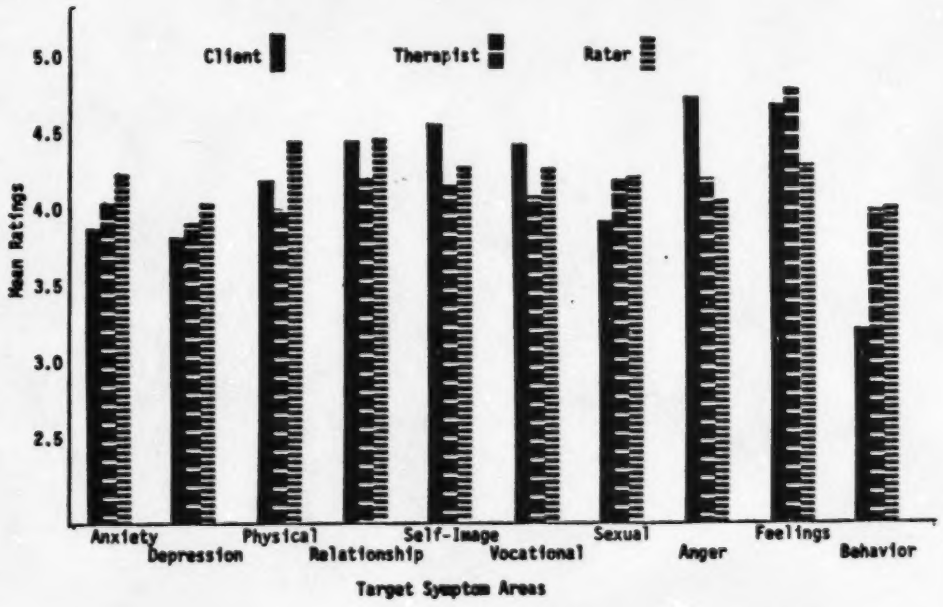

Figure 4

Mean Ratings of Posttherapy Life Adjustment

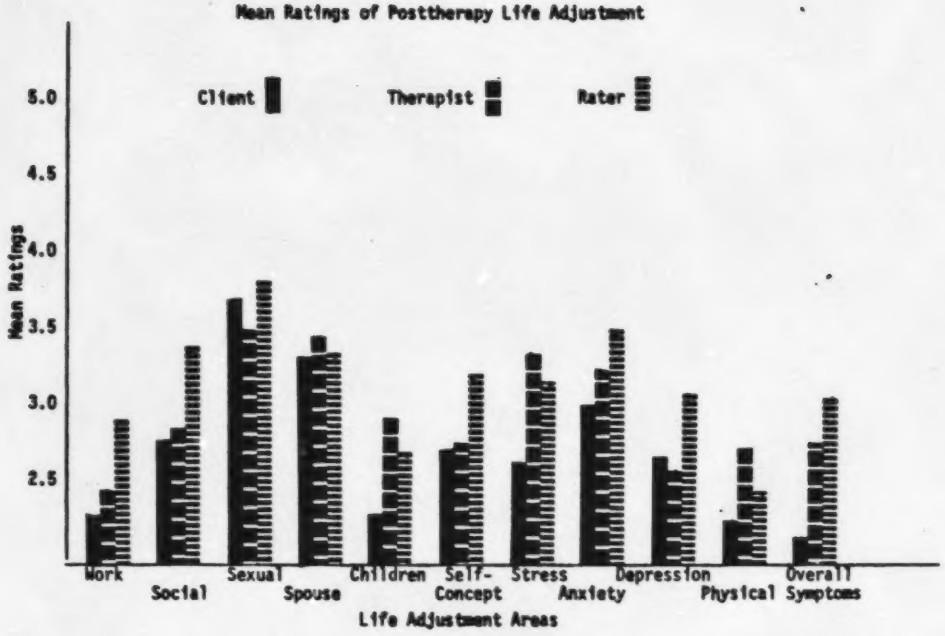

Figure 5

Mean Ratings of Posttherapy Target Symptoms

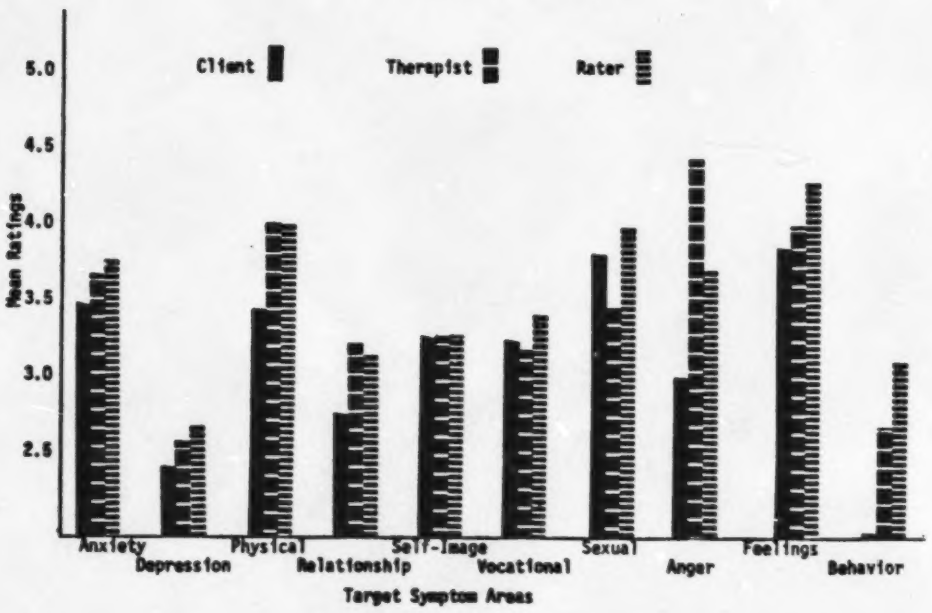

Figure 6

Percentage Improved on Life Adjustment Ratings

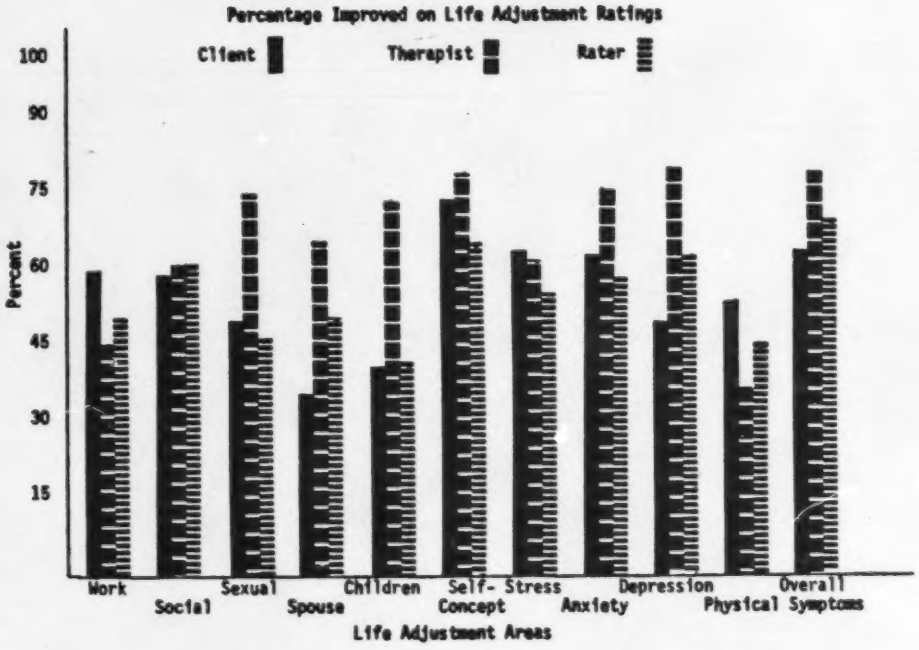

Figure 7

Percentage Unchanged on Life Adjustment Ratings

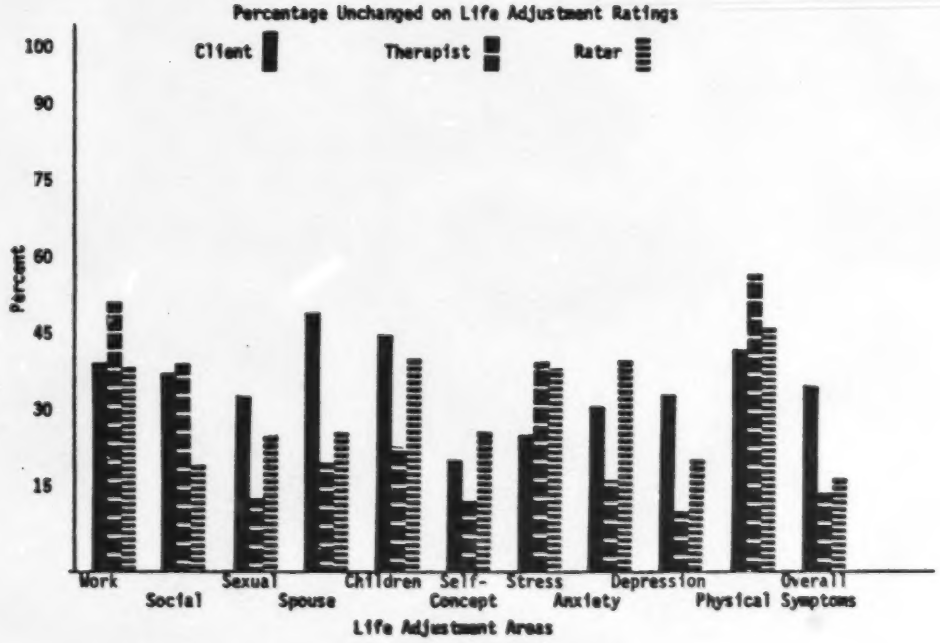

Figure 8

Percentage Deteriorated on Life Adjustment Ratings

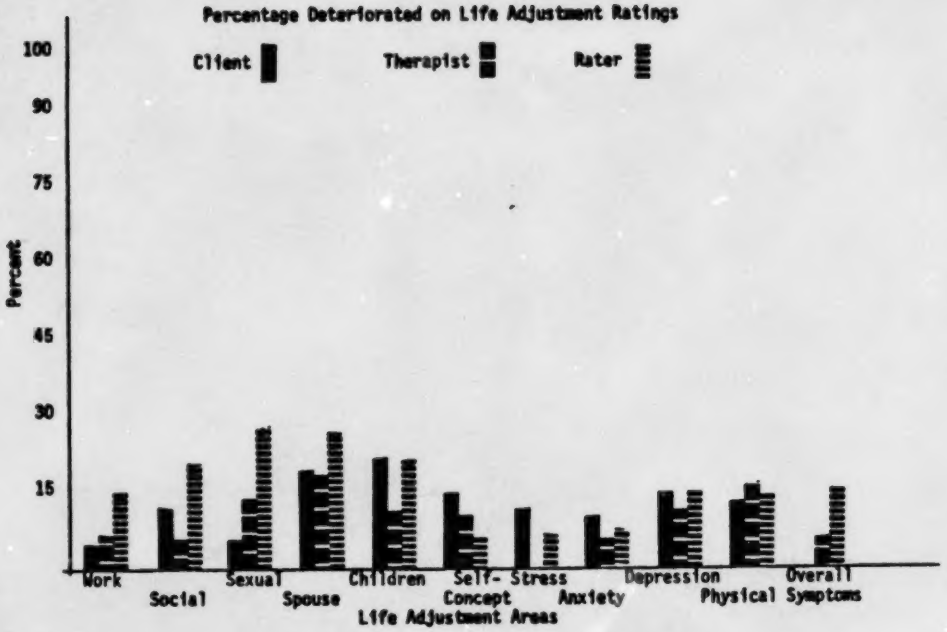

Figure 9

Percentage Improved on Target Symptoms

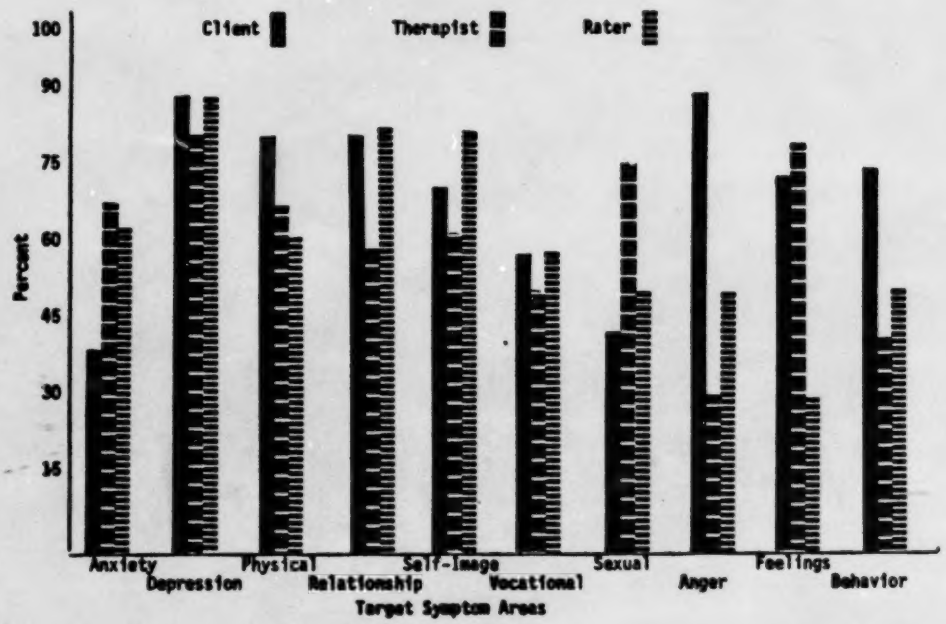

Figure 10

Percentage Unchanged on Target Symptoms

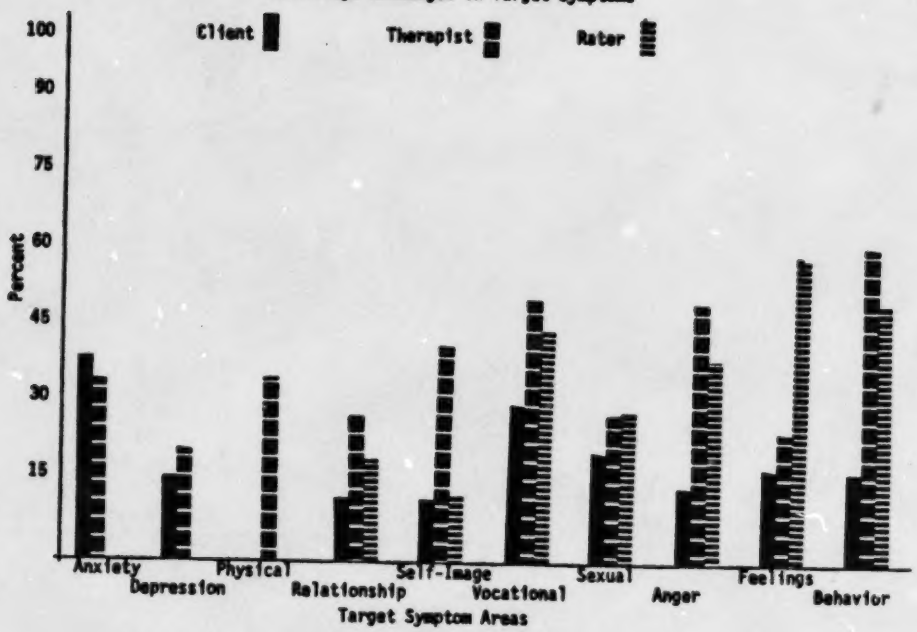

Figure 11

Percentage Deteriorated on Target Symptoms